
Date

Parent's Name

Street Address

City, State, Zip

Principal of Child's School

Name of School

RE: **Request for Special Education Evaluation for**

Child Name, Date of Birth, Grade

Dear _____,
Principal's Name

My child, _____, goes to _____. He/She is having
Child's Name **Name of School**
problems in school and needs help. [He/She has a diagnoses of _____
(optional).]

Diagnoses inc. lead poisoning
I want the school to conduct an evaluation of _____ to see if he/she
needs special

Child's name
education.

_____ is having difficulty with:
Child's Name

- | | |
|--|--|
| <input type="checkbox"/> Reading | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Math | <input type="checkbox"/> Speech- Language |
| <input type="checkbox"/> Homework | <input type="checkbox"/> Frequent suspensions |
| <input type="checkbox"/> Feeling anxious about going to school | <input type="checkbox"/> Physical problems |
| <input type="checkbox"/> Attention, concentration, and focus | <input type="checkbox"/> Getting along with others |
| <input type="checkbox"/> Impulsivity (acting without thinking of consequences) | |
| <input type="checkbox"/> Other _____ | |

**I understand that the school must answer this request in writing
within 30 calendar**

days. My address is listed at the top of this letter and you may call me at
_____.
Daytime Contact Number

I look forward to working with the school to improve _____'s education.
Child's Name

Sincerely,

Parent's signature